

PE-Y

STATE OF ALABAMA
DEPARTMENT OF INSURANCE
QUARTERLY PREMIUM TAX STATEMENT – FOREIGN INSURANCE COMPANY
PROPERTY BUSINESS
Quarterly Period Ending June 30, _____
(Due no later than August 15, _____)

INSTRUCTIONS

PENALTIES – Any Company failing to file its Premium Tax Return (even if no tax is due) or failing to pay such estimated taxes on a timely basis shall be subject to a penalty of \$1,000 to \$10,000, to be assessed by the Commissioner.

RETURNS POST MARKED ON THE DUE DATE WILL BE ACCEPTED.

Please use the following checklist to assure that all the necessary items are included with your Premium Tax Filing.

- () Each quarter's payment may be paid on Estimated or Actual premiums.
- () The Alabama Facilities Credit Worksheet must accompany this form if paying at a rate less than the 3.6% maximum.
- () Make checks payable to the: Alabama Department of Insurance. **WE DO NOT HAVE AN EFT ACCOUNT AT THIS TIME.**
- () Mail this RETURN and a CHECK to the address below:

POSTAL SERVICE

Alabama Department of Insurance
c/o Compass Bank
P.O. Box 830691
Birmingham, AL 35283-0691

COURIER OR EXPRESS SERVICE

Alabama Department of Insurance
c/o Compass Bank
701 South 32nd Street
Birmingham, AL 35233

NAIC#: _____ (Name of Company)

Preparer's Signature _____ Name and Title (Print) _____

Telephone No. _____

PLEASE COMPLETE

1. PREMIUM TAX PAID: (reverse side, line 13)

PE:

\$

2. Check No.: -----

STATE OF _____ COUNTY OF _____

Personally appeared before the undersigned attesting officer(Name) _____

Who says he/she is (Title) _____ of the above company and the above statement is true and correct to the best of his/her knowledge.

SWORN TO AND SUBSCRIBED before me this ____ day of _____, 20____.

NOTARY PUBLIC

- OVER -

PE-Y

NAIC#

3rd Quarter \$	Check No.	Date paid
----------------------------------	------------------	------------------